

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213528812			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: National Association of State Mental HealthProgram Directors Research Institute, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BUSINESS FILINGS INC 4701 COX ROAD, STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2013</p> <p>SCC ID NO: 05996491</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3141 FAIRVIEW PARK DRIVE STE 650</p> <p style="text-align: center;">CITY/ST/ZIP: FALLS CHURCH, VA 22042-4539</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LORNE RICKMAN-JONES PHD TITLE: PRESIDENT ADDRESS: 160 N LASALLE ST 10TH FLOOR S-100 CITY/ST/ZIP/CO: CHICAGO, IL 60601 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LORNE RICKMAN-JONES PHD TITLE: PRESIDENT ADDRESS: 160 N LASALLE ST 10TH FLOOR S-100 CITY/ST/ZIP/CO: CHICAGO, IL 60601	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LORNE RICKMAN-JONES PHD TITLE: PRESIDENT ADDRESS: 160 N LASALLE ST 10TH FLOOR S-100 CITY/ST/ZIP/CO: CHICAGO, IL 60601	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NANCY ROLLINS TITLE: PRESIDENT ADDRESS: 105 PLEASANT ST CITY/ST/ZIP/CO: CONCORD, NH 03301 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NANCY ROLLINS TITLE: PRESIDENT ADDRESS: 105 PLEASANT ST CITY/ST/ZIP/CO: CONCORD, NH 03301	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY ROLLINS TITLE: PRESIDENT ADDRESS: 105 PLEASANT ST CITY/ST/ZIP/CO: CONCORD, NH 03301	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRIAN HEPBURN TITLE: TREASURER ADDRESS: 55 WADE AVENUE, DIX BLDG. CITY/ST/ZIP/CO: CATONSVILLE, MD 21228 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRIAN HEPBURN TITLE: TREASURER ADDRESS: 55 WADE AVENUE, DIX BLDG. CITY/ST/ZIP/CO: CATONSVILLE, MD 21228	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN HEPBURN TITLE: TREASURER ADDRESS: 55 WADE AVENUE, DIX BLDG. CITY/ST/ZIP/CO: CATONSVILLE, MD 21228	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEPHEN BARON TITLE: SECRETARY ADDRESS: 64 New York Ave., NE CITY/ST/ZIP/CO: WASHINGTON, DC 20002 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEPHEN BARON TITLE: SECRETARY ADDRESS: 64 New York Ave., NE CITY/ST/ZIP/CO: WASHINGTON, DC 20002	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN BARON TITLE: SECRETARY ADDRESS: 64 New York Ave., NE CITY/ST/ZIP/CO: WASHINGTON, DC 20002	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SCOT ADAMS TITLE: DIRECTOR ADDRESS: 301 CENTENNIAL MALL SOUTH - 3RD FLOOR P.O. BOX 95026 CITY/ST/ZIP/CO: LINCOLN, NE 68509 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SCOT ADAMS TITLE: DIRECTOR ADDRESS: 301 CENTENNIAL MALL SOUTH - 3RD FLOOR P.O. BOX 95026 CITY/ST/ZIP/CO: LINCOLN, NE 68509	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SCOT ADAMS TITLE: DIRECTOR ADDRESS: 301 CENTENNIAL MALL SOUTH - 3RD FLOOR P.O. BOX 95026 CITY/ST/ZIP/CO: LINCOLN, NE 68509	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE BEYER DIRECTOR DEPARTMENT SOCIAL AND HEALTH SERVICES P.O. BOX 45050 LACEY, WA 98503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN ANNE HUCKSHORN DIRECTOR 1901 NORTH DUPONT HIGHWAY MAIN ADMINISTRATION BLDG., ROOM 187 NEW CASTLE, DE 19720	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LARDIERE MSW DIRECTOR 1701 K STREET NW STE 400 WASHINGTON, DC 20006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RON MANDERSCHIED DIRECTOR 25 MASSACHUSETTS AVE. NW, SUITE 500 WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT SALO DIRECTOR 444 NORTH CAPITOL STREET, SUITE 309 WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SHERN DIRECTOR 11009 THERESA ARBOR DRIVE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W STEWART, III DIRECTOR 1220 BANK STREET P.O. BOX 1797 RICHMOND, VA 23218-1797	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNDA ZELLER DIRECTOR 320 SOUTH WALNUT STREET LANSING, MI 48913	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STEPHEN BARON		STEPHEN BARON, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		6/20/2013	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			